

Don Meng

PROGRESS REPORT
SEASONAL FARM WORKERS HEALTH PROJECT
July 1966 - June 1967

Kern County Health Department
Bakersfield, California

A. SUMMARY

In order to improve the health status of the migrant and seasonal farm workers and their families in Kern County, a migrant health project was established in the Health Department, an integral part of which has involved the use of Community Health Education Aides. These people, selected from the farm worker group itself, have proved successful in helping to bridge the gap between modern public health and medical care concepts and the socio-cultural heritage of their own people by assisting in overcoming many of the barriers that hindered or blocked effective communication between the professional health worker and the farm labor community.

This project has demonstrated that the aides have played a key role in helping to extend our public health services to the farm worker groups more effectively, in raising the level of awareness and knowledge of the farm workers regarding local health resources and the generally recommended health practices, and have stimulated community awareness and interest in the problems of farm workers so that more constructive action can be taken to meet them.

In addition, this project, as an integrated part of the total health department program, has helped to identify areas of unmet health needs of farm workers and has played a role in the development of additional services and programs designed to meet these needs, including medical care. A very significant development that occurred during this reporting period was the establishment of a medical care clinic in the Sunset Farm Labor Camp. This clinic, under the sponsorship of the Kern County Medical Society, provided general practice medical care to migrant farm workers and their families during the peak harvest season from May 15 through August 27, 1967. The Kern County Health Department and the staff of the Seasonal Farm Workers Health Project, cooperated closely in the planning for this service. Public health nursing services and the services of four community health education aides to assist at all the clinic sessions and to carry out necessary follow-up were provided by the Health Department. This cooperative endeavor resulted in a well planned and coordinated service to meet the health needs of this group of migrant farm workers.

MIGRANT HEALTH PROJECT - ANNUAL PROGRESS REPORT

For July 1, 1966 through June 30, 1967

B. Date submitted 10-27-67

PART I GENERAL PROJECT INFORMATION

<p>1. Project Title Seasonal Farm Worker Health Education Project (Community Aides)</p>	<p>2. Grant Number (use number shown on approved application) MG-06D (037) Contract No: 146</p>
<p>3. Name and Address of Applicant Organization Kern County Health Department P. O. Box 997 Bakersfield, California 93302</p>	<p>4. Project Director Carl W. Miller, M.P.H.</p>

5. Population Data - Number of Migrants (workers and dependents)

a. Number of migrants during season:

b. Number of migrants by month:

	Total	Male	Female		Month	Total	Month	Total						
1. <u>Out-migrants</u>														
<u>Total</u>	Detailed information not available. See Attachment No. <u>1</u>				Jan	Detailed	Jul							
Under 1 year					Feb	information	Aug							
1 - 4 years					Mar	not	Sep							
5 - 14 years					Apr	available.	Oct							
15 - 44 years					May	See	Nov							
45 - 64 years					Jun	Attachment	Dec							
65 and older						No. <u>1</u>								
2. <u>In-migrants</u>														
<u>Total</u>														
Under 1 year														
1 - 4 years														
5 - 14 years														
15 - 44 years														
45 - 64 years														
65 and older														
				c. Average stay of migrants in county:										
				Out-migrants: <u>Approx. 12</u> weeks										
				from <u>June</u> (mo.) through <u>Aug.</u> (mo.)										
				In-migrants: <u>Not avail.</u> weeks										
				from <u>--</u> (mo.) through <u>--</u> (mo.)										
				d. Source of information and/or basis of estimates: Local experience										

6. Housing accommodations

a. Camps

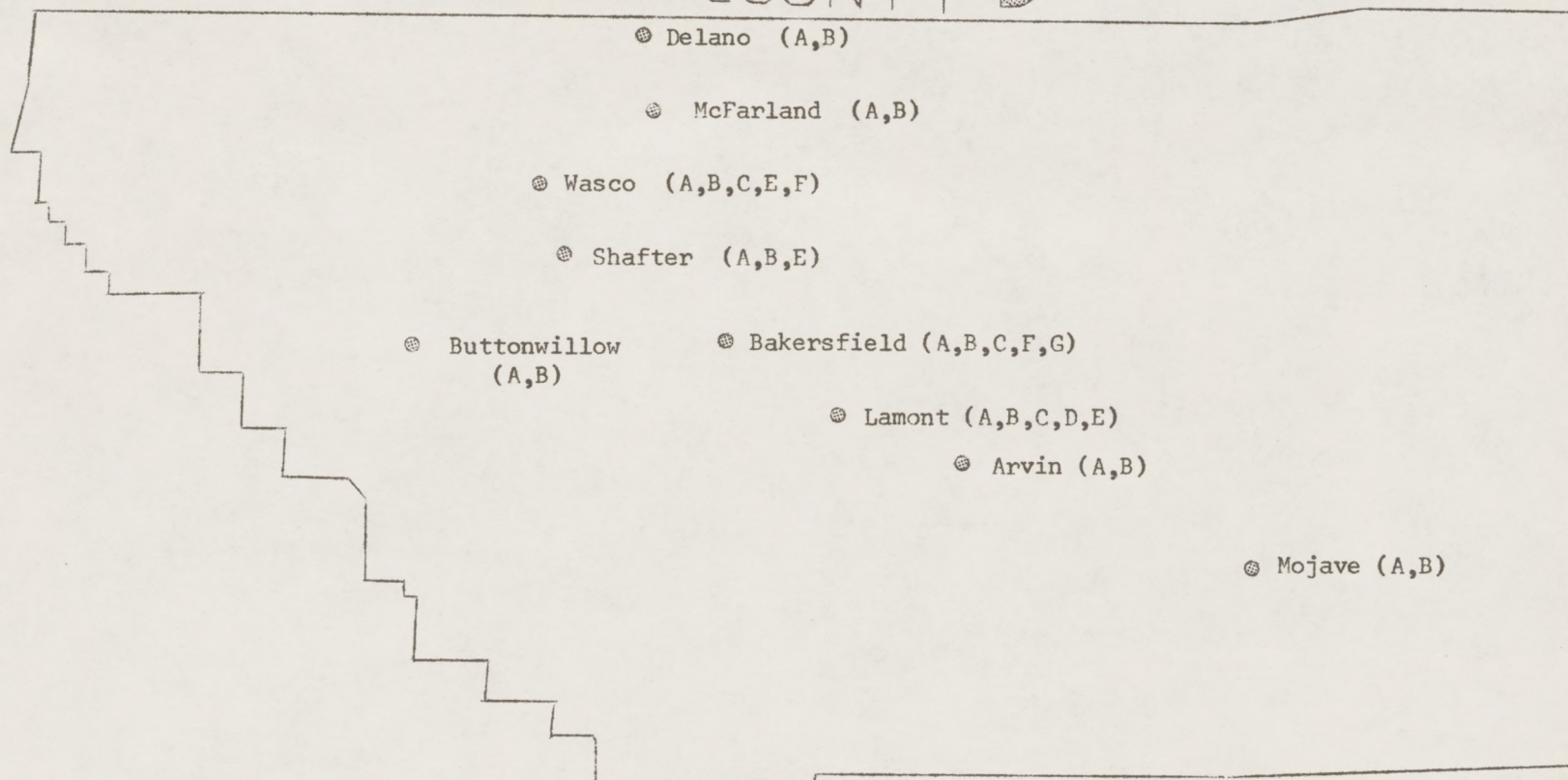
b. Other housing accommodations

Maximum Capacity	Number*	Occupancy (peak)	Type	Number	Occupancy (peak)
Less than 11 persons	127	Not avail.	Farms		
11 - 25 persons	14	" "	Other		
26-50 persons	25	" "	locations	Not available	
51 and up	23	" "			
Not known	14	" "			
Total	203				

*Based on Kern County Labor Camp Survey - 1965

c. Append map showing location of camps, roads, clinics, and other places important to project.

KERN COUNTY



- A = Community Health Aides
- B = CHC
- C = Family Planning Clinic
- D = Medical Care Clinic
- E = Public Farm Labor Camp
- F = Special Clinics (C.P., Child Development, Plastic Surgery, Cardiac)
- G = County Hospital

2. Brief Description of Community

Kern County lies at the southern end of the vast San Joaquin Valley of California. Third largest of California's counties geographically, for over two decades it has ranked in second or third place among the counties in the United States in gross value of farm products. With an agricultural production worth some \$302,000,000 per year, Kern County depends heavily upon full-time and seasonal farm workers to handle the crops. Each year thousands of farm workers are employed in this great agricultural complex...some spending a few weeks..some months...others living permanently or semi-permanently in urban or fringe areas, shifting back and forth between industrial employment and seasonal agriculture.

Mexicans, Negroes, Caucasians, and Filipinos comprise the major racial groups in the farm labor force in Kern County, with the workers of Mexican descent forming by far the largest group. It is estimated that some 15 - 20,000 true migrants spend some time working in Kern County each year. It is also estimated that approximately 30,000 persons other than migrants spend some time during the year in seasonal farm work in the county. (See Attachment # 1).

3. Synopsis of Project

a. Organization

The Seasonal Farm Workers Health Project was established in the Kern County Health Department in July, 1961. Initially, the funds for this project came from a grant from the State Health Department, which provided for the development of new and expanded public health programs and services for seasonal farm workers. Since July, 1963, the project has been funded by a grant from the U. S. Public Health Service.

Administratively, the project is placed in the Division of Health Education. A full-time project director is employed and is responsible for the overall planning and direction of the program. He is also primarily responsible for the recruitment, training, and supervision of the community health education aides who are employed as an integral part of the project.

In addition to the project director, the staffing pattern of the project includes a full-time steno-clerk, two half-time and one four-fifths time public health nursing positions, a full-time sanitation position, and fourteen community health education aide positions (half-time). Two additional half-time aide positions are supported by a special T.B. project grant, giving us a total of 16 aides serving the county.

Presently, the areas covered by project staff (aides) are the Lamont-Weedpatch area, including the Sunset Labor Camp; Arvin area; McFarland area; Shafter and Wasco, including labor camps; Buttonwillow area; Mojave area; Delano area; and the Bakersfield area.

b. Community Health Education Aides

The seasonal farm workers in Kern County, as elsewhere, are faced with tremendous problems of health, housing, finances, and

education. Contributing to, and compounding these problems, are low annual income due to sporadic work, differences in cultural background, language barriers, mobility, insufficient understanding of good health practices, lack of knowledge of existing health services in the community, and ineligibility for certain health and welfare services due to residency requirements.

Realizing the importance of socio-cultural factors, an integral part of this project has involved the hiring, training, and use of people selected from the farm workers group themselves, who could help overcome some of the barriers that existed and bridge the gap between modern public health concepts and the socio-cultural heritage of their own people. The people hired and prepared to do this are called Community Health Education Aides.

When recruiting aides we have continued to select people who exhibit certain qualities which we consider important, including the applicant's knowledge of seasonal agricultural work, familiarity with the community, leadership ability, interest in working with others, maturity, ability to express, appearance, etc.

In order to help prepare them to do their job, the aides undergo a four-week initial training session when first employed. During this period, the training is focused on the basic concepts of sanitation, nutrition, maternal and child health, community health resources, and health education methods. Both central office staff and field staff, including experienced aides, participate in this training. Following this initial training, the aides are assigned to their local community where they work as a member of the local public health team, including the public health nurses and the sanitarians. Continuous inservice training is provided throughout their employment by means of regularly scheduled conferences with the aides, through periodic refresher courses, and through continuous consultation and supervision by the project director.

Adequate supervision is essential if the aides are to function properly and effectively in carrying out their assigned roles and responsibilities. This supervision is provided by weekly conferences with all the aides at the main office, individual conferences with the aides in the field or at the local health centers (often involving other local health department staff), and through the use of weekly and monthly program activity reports. Local staff provide technical supervision when the aide's task involves primarily public health nursing or sanitation. The project director then serves as a consultant and advisor to both the professional staff member and the aide.

We continue to find that as the aides gain experience, self-confidence, initiative, and understanding of their role and function, the actual amount of direct contact by the supervisor may be reduced. This allows the supervisor to spend additional time with the more recently employed aides who need more consultation and guidance.

c. General Project Activities

(As part of this synopsis of the project, the following are listed as general project activities. A more detailed and specific

report on activities related to project objectives will be covered in the following sections of this report.)

1. The aides have continued to assist the public health nurses, sanitarians, and other staff in overcoming many of the communication and cultural barriers by serving as interpreters when needed in the office, the homes, at child health conferences, immunization clinics, etc. They also assist these staff in the necessary follow-up of families when indicated. They provide information about the community and the people which is helpful to the staff in carrying out their responsibilities with the farm labor community.
2. The aides have assisted other staff in securing basic data regarding the seasonal farm workers in our county by interviewing families in the camps and in the communities. Information secured regarding the health needs of the people, their basic health knowledge, their attitudes toward health and health services, etc., is helpful in planning our program and services for farm workers.
3. Information about local community health resources was provided migrant and other farm worker families by the health department staff through personal communication and with the distribution of local "Directories of Health and Welfare Services." These directories have been prepared for our local communities in order to help these families make better use of local services. The health department staff, including the aides, also served as important resources in the farm worker community for referral of families to other agencies and organizations for help with problems outside of the health field, including welfare, education, employment, social security, etc.
4. Health education was carried out in the homes, labor camps, and communities by the staff, on both a family and group basis. The aides assisted the public health nurses and sanitarians in these educational activities which included demonstrations, films, discussions, talks, etc., and covered such health subjects as insect control, household sanitation, immunizations, child care, infant diarrhea, rabies, accident prevention, nutrition, body care and grooming, venereal disease prevention, family planning, garbage and refuse disposal, chronic disease, etc.
5. Increasing the effectiveness of our health education materials has been an important aspect of the aides' contribution to our overall program. Not only do they screen existing materials for effectiveness, but new pamphlets, leaflets, and other visual aide materials have been prepared by the aides in cooperation with health department staff and others, for use with Spanish-speaking farm workers on such matters as accident prevention, family planning and nutrition. In addition, several new films, some in Spanish, have been screened and purchased for use in our health education programs with farm workers. A glossary of medical terminology is also in the process of being prepared by the State Health Department and our aides have assisted in its preparation.

6. The staff of the project have also been active in supporting related community programs and in the evolvement of new programs in our farm communities. This has included adult education programs, EOA programs, day care, etc.
7. Project staff continues to work closely with other health department staff, representatives of the medical profession, and other agency and community groups in order to identify gaps in existing services, including medical care, and to develop feasible solutions to fill these gaps.
8. One of the outstanding developments that has occurred during this past year has been the development of a medical care clinic under the sponsorship of the Kern County Medical Society, to serve the migrant farm workers and their families in one of our large labor camps. The project director worked closely with other staff members in the department, with the local medical society, and with the State Health Department in the planning for this clinic. Public health nursing service and the service of aides to help staff and conduct this clinic were provided by the health department through this project.

C. Objectives

1. Overall and General Objectives

As stated in our original project plan, the overall purpose of this project is to extend the services of the Health Department to the migrant and his family and to thereby bring their health needs into effective and practical relationship with local health resources. This implies that through effective health education programs and methods, the migrant and his family will gain an improved health status.

More specifically, the aims or goals include: (1) Attempt to reduce the number of preventable illnesses and accidents associated with low standards of sanitation, nutrition, and child care among farm labor families; (2) To raise the level of knowledge of these families about (a) the various community health resources, such as the county hospital, health department, and private medical resources, and (b) the generally recommended health practices in sanitation, nutrition, and child care so that they can live more healthy lives; (3) To stimulate community awareness of the health problems of these families so that more constructive action can be taken to meet them.

2. Specific Health Program Objectives

In order to help attain these objectives, the specific health program objectives for this project, as stated in the last project report, are as follows:

- a. To continue to study the medical care structure in Kern County in order:

- (1) to identify existing services that are available to seasonal farm workers and their families;

- (2) to plan for ways to better inform these families about such services and facilities and to stimulate better use of existing medical care and preventive services and facilities;
 - (3) to identify and document barriers and problems related to the use of medical care and preventive services and facilities by seasonal farm workers and their families;
 - (4) to attempt to identify gaps in existing services and to demonstrate the need for adjustments in available services or additional services to fill these gaps;
- b. To continue to seek and document information about the health problems of seasonal farm workers and their families through such methods as the "health hostess" visits to newly arriving farm families, and to refer such problems to the public health nurses and other professional staff of the department.
 - c. To continue to seek and document information about the level of knowledge of the seasonal farm workers and their families about local community health resources and the generally recommended health practices, using such methods as community surveys, conferences with individuals, families, groups, etc.
 - d. To continue to plan and carry out, with other health department staff, educational programs with seasonal farm workers and their families, focused on such areas as nutrition (use of surplus commodities and other low cost food items), sanitation (fly and insect control, garbage and refuse disposal, general home and kitchen sanitation, accident prevention, etc.), maternal and child health (need for adequate immunizations, CHC's, care of diapers and baby bottles, etc.), and personal hygiene.
 - e. To continue to discuss health problems of seasonal farm workers and their families with local community groups and individuals in order to help stimulate community awareness of these problems and to stimulate community support and involvement in action taken to overcome these problems.
 - (1) to continue efforts to promote the establishment of adequate child care centers in the county;
 - (2) to continue to support adult education programs and other community programs affecting the health and welfare of seasonal farm workers and their families.
 - (3) to continue to promote action for modification or improvement of housing and community sanitation facilities.

D. Evaluation

(In this section of the report, the objectives as stated for this year will be listed, beginning with the specific health program objectives, followed by the more general project aims and goals. Under each objective will be listed the services provided, activities carried out and procedures followed to meet the objective.)

1. Specific Health Program Objectives

a. TO CONTINUE TO STUDY THE MEDICAL CARE STRUCTURE IN KERN COUNTY IN ORDER:

- TO IDENTIFY EXISTING SERVICES THAT ARE AVAILABLE TO SEASONAL FARM WORKERS AND THEIR FAMILIES;
- TO PLAN FOR WAYS TO BETTER INFORM THESE FAMILIES ABOUT SUCH SERVICES AND FACILITIES AND TO STIMULATE BETTER USE OF EXISTING MEDICAL CARE AND PREVENTIVE SERVICES AND FACILITIES;
- TO IDENTIFY AND DOCUMENT BARRIERS AND PROBLEMS RELATED TO THE USE OF MEDICAL CARE AND PREVENTIVE SERVICES AND FACILITIES BY SEASONAL FARM WORKERS AND THEIR FAMILIES;
- TO ATTEMPT TO IDENTIFY GAPS IN EXISTING SERVICES AND TO DEMONSTRATE THE NEED FOR ADJUSTMENTS IN AVAILABLE SERVICES OR ADDITIONAL SERVICES TO FILL THESE CAPS.

1. The identification of existing services available to seasonal farm workers and their families is a continuing process. At the local level we keep up-to-date, through periodic revisions, the information contained in our Directories of Local Health and Welfare Services which are distributed to the people. This information, in both English and Spanish, includes a listing of the local community resources (private medical doctors, dentists, optometrists, drug stores, local health centers, etc.) as well as the resources available in Bakersfield through the main office of the health department and the county hospital. All of the Directories were revised during this reporting period.

The aides continue to be oriented to the existing medical programs and services available to farm workers through other agencies such as the Welfare Department, Kern General Hospital and Stonybrook TB Sanitarium so that they can assist staff in interpreting these services to the people.

2. Obviously, the person-to-person contact between the health department staff and families in the community continues to be the most effective method for informing the people about existing health services and facilities and stimulating the use of such services and facilities. The aides continue to play a key role in helping to overcome problems of language and cultural background which block or hinder this person-to-person communication. This has been done by interpreting for other staff during home visits, CHC's, Medical Care Clinic, health education programs, etc., by providing information to staff about the people and the community, and through their own

educational efforts with the people. Over 75% of the aides' total time has been spent in activities involving this face to face contact.

In many instances the aides have accompanied families to Kern General Hospital, at the request of the nurses, in order to help assure effective communication is established between the hospital staff and the patient and his family.

In addition, new materials such as films, pamphlets, flip charts, etc., are screened, and if found acceptable in both content and language level, they are used in our educational programs. For example, during this reporting period, new posters and exhibits have been prepared on fly control, general sanitation, personal hygiene, etc. Also, posters and exhibits on immunization, health services for migrants, etc. have been revised and brought up to date. These are displayed in our local health centers and at the main office in Bakersfield. The newspapers and radio stations continue to be very cooperative in presenting information regarding health programs, including announcements in Spanish during Spanish-language radio programs.

3. The identification of barriers and problems related to the use of medical care and preventive services and facilities has continued during this reporting period. Language problems continue to exist. For example, 45% of the new families contacted by the aides during their "health hostess" visits during this reporting period did not speak English. (See Attachment No. 2). Transportation facilities continue to be limited and often pose serious problems for the people needing services, especially if the person lives in the outlying area and must come to Bakersfield for service. We have continued to provide information to families about existing public transportation schedules and fees, but in many of our rural areas such transportation does not exist or is extremely limited. Eligibility requirements for the County Hospital, need for adequate child care facilities, etc., still are problems.
4. In terms of identifying gaps in existing services and to demonstrate the need for additional services, or adjustments in existing services to fill these gaps, the following developments are listed.

- a. Medical Care Clinics

One very significant development that has occurred during this reporting period has been the establishment and conduct of medical care clinics at the Sunset Farm Labor Camp. This service was the result of more than three years of planning and effort on the part of many interested and concerned people, including representatives of the medical society, health department, labor camp management, State and Federal health personnel, and others. (See 1965 Progress Report, pp. K8 - K9, K48 - K51 and Progress Report for October, 1965 - June, 1966, pp. 8 - 9, for information on the background and developments leading to the establishment of these clinics.)

The clinics, under the sponsorship of the Kern County Medical Society and in cooperation with the Health Department, began on May 15, 1967 and extended through August 25, 1967 (45 clinics). Three evening clinics per week were held (Monday, Wednesday and Friday) beginning at approximately 6:00 p.m. and lasting until all the patients were seen. General practice medical care, including prenatal, postpartum and family planning, pediatric care, and preventive medicine were offered. Patients in need of hospitalization or specific complex diagnostic studies were referred to general hospitals or other facilities for appropriate care. Emergency care between clinic sessions was given in a participating doctor's office and laboratory services, x-rays, etc. were provided by the physicians in their own offices, or referred to other facilities in Bakersfield. Drugs and other supplies were also provided.

The services of one public health nurse and four community health aides were provided by the health department and they participated in all the clinic sessions. The public health nurse was responsible for supervising all the health department activities related to the clinics, supervising the community health aides during the clinic sessions, facilitating the orderly flow of patients by frequent contact with the Clinic Coordinator and/or Project Director of the clinic; and made recommendations for improvement of services. She also was responsible for conferencing and follow-up services to patients when requested or otherwise indicated.

The aides assisted in these clinics by informing the farm worker families about the service, by interpreting for the doctors, clinic nurses, public health nurse and other clinic staff during the clinics, and by assisting the public health nurse with conferences and follow-up with patients and families. In addition, the aides participated in several educational programs related to health problems observed in the clinic. Two mass programs were held for the entire camp on sanitation and general hygiene and on fly control as a result of the number of conditions diagnosed as diseases of the digestive system. These programs involved the sanitarian, public health nurse and health educators. The aides also assisted the Home Advisor from the Agriculture Extension Service in presenting demonstrations at the clinics on safe formula and food preparation and safe insect control in the home. Finally, the aides assisted the public health nurse in individual or small group discussions with patients regarding specific health problems during the clinic sessions.

Another important aspect of the aides' participation in these clinics has been their function as a "sounding board" in the camp to ascertain the reactions of the farm workers and their families toward this new service. Almost without exception, the people expressed their great appreciation for the medical care they received and the way they were accepted by the clinic staff.

In summary, being directly involved in these clinics was a new and rewarding experience for the aides. It is apparent that they now see more clearly the relationship between medical care and preventive services, and how the private physicians and the health department can work together in order to provide a well planned and coordinated service to meet the health needs of this group of people.

As a result of this new experience, several additions were made in our inservice training program for the aides. One result was a number of sessions on the doctor-patient relationship and how the aide could best contribute to strengthening this relationship in her role as interpreter. Several sessions were held on medical terminology and how such terms could be translated into Spanish so that the patient would better understand his problem and what must be done about it. A number of additional medical terms were suggested for incorporation in the proposed "Glossary of Medical Terminology" currently being prepared by the State Health Department.

b. Family Planning

During this reporting period we have continued to operate five family planning clinics in our county. Two of these are located in rural areas of the county and are located in the communities of Lamont and Wasco. Another is conducted in South Bakersfield where many farm workers live. A fourth is held at the Health Department in Bakersfield, while the fifth is located in the county hospital. With the exception of the clinic located in the county hospital where the rules of eligibility do apply, the other four are sponsored by the Health Department and the services are available to anyone who is not eligible for our county hospital and who cannot afford to go to a private physician.

Our aides have played an important role in helping to ascertain the need for such services by reporting requests for information from the people to the nurses and are assisting in interpreting this service to the Spanish-speaking and other farm workers in the county. They have been particularly helpful in identifying some of the barriers and misunderstandings the farm workers have regarding the concept of family planning and the methods used. This information is helpful to the public health nurses and other staff in planning for effective educational approaches to the people.

It should also be noted that some of the aides themselves have taken advantage of this service, and thus they serve as examples for others in their communities.

c. Preventive Dental Care

The Kern County Health Department in cooperation with the County Dental Society and the Bakersfield City Schools, again carried out a mass topical fluoride project among the

second and third grade children in 26 schools this spring. Over 3,700 children participated in this project, many of them children of farm workers.

This year, due to budget problems, we were unable to carry out this program in the farm labor camps during the summer as we did last year.

d. Vision Screening

The county-wide pre-school vision screening program has continued during this reporting period. Under the auspices of the Kern County Branch of the Society for Prevention of Blindness, PTA and Junior League volunteers have been trained and programs have been carried out in the greater Bakersfield area as well as in the rural areas of the county. In these communities where such programs have been conducted and where we have aides, the aides have assisted by informing the parents of preschool children about this program and encouraging their participation in it. They also have assisted the public health nurses in following up on referrals made for children with vision problems.

e. Tuberculosis Skin Tests and X-rays

The tuberculosis control program of the health department has been intensified during this reporting period. For example, in cooperation with the local schools, tuberculin testing programs were conducted for children in the schools in Arvin, Lamont and Buttonwillow. Children in kindergarten first, eighth and tenth grades were given skin tests. In Arvin, 440 children were tested in the elementary schools and 188 in the high school. In Lamont, a total of 413 received skin tests, while in Buttonwillow, 118 children participated.

In addition, the health department's mobile x-ray unit was scheduled into Arvin and Buttonwillow and x-rays were taken of children 15 years of age and older and adults, including parents who wish to participate in Headstart and other preschool programs. Seventy-nine persons received x-rays in Buttonwillow and 121 in Arvin.

In all cases, the aides assisted by visiting families of migrant and seasonal farm workers to inform them of both the skin testing program in the schools and the x-ray program in the community and to secure participation in both programs. In Arvin, the aides did house-to-house surveys in certain sections of the community where there was a high incidence of new cases. The aides secured information about contacts and encouraged them to attend the mobile unit. In all these communities the aides assisted the public health nurses in follow-up services when indicated.

Three times a month the aides from Bakersfield assist with the chest x-ray program conducted at the main office of the health department. Also, the aides assist at the weekly skin testing clinics held at the same location.

It is anticipated that the tuberculosis control program will continue to accelerate and the aide will continue to serve by informing the farm workers about the programs, encourage their participation, and assist in follow-up activities as necessary.

- b. TO CONTINUE TO SEEK AND DOCUMENT INFORMATION ABOUT THE HEALTH PROBLEMS OF SEASONAL FARM WORKERS AND THEIR FAMILIES THROUGH SUCH METHODS AS THE "HEALTH HOSTESS" VISITS TO NEWLY ARRIVING FARM FAMILIES, AND TO REFER SUCH PROBLEMS TO THE PUBLIC HEALTH NURSES AND OTHER PROFESSIONAL STAFF OF THE DEPARTMENT.

- 1. The "health hostess" visits continue to be an important means for attaining this objective. The aides attempt to contact and visit as many newly arriving farm families as possible. Information on who these new families are and where they live is obtained by the aides from a variety of sources, including local school administrators, managers of the labor camps, other agencies and groups in the community, and through the "grapevine" or informal communications network that exists among the farm worker element of the community.

The aides call upon these families to welcome them to the community and to provide them with information on health department and other community services. Each family is given a Directory of Local Health Services and a family health record booklet. The family is encouraged to keep this health record with them during their travels and present it each time they visit a physician or health facility. Our staff report that many families have maintained this family health record and have presented it when they returned to the county. Also, families have written to our nurses requesting copies of their health records when they have lost their booklets.

While visiting the new family, the aides also secure basic information regarding the family which is recorded on a family survey form. At the time of the visit the aide attempts to find out from the family whether or not they have any health problems that should be referred to the public health nurse. If such problems are expressed by the family or observed by the aide at the time of the visit, they are noted on the form. These forms are then given to the public health nurse for review and necessary follow-up action.

An analysis of these family survey forms for this reporting period shows that of 452 new families visited by the aides, 355 (or 78.5%) of the families were referred to the nurse for some health problem. (See Attachment No. 2). Although the majority of referrals are for preventive services such as CHC and/or immunization, many other problems are referred including AP's,

medical, CCS, etc.

Thus, the "Health Hostess" visits have not only allowed us to inform many new families of our services, but they continue to be a very significant method for case-finding.

- c. TO CONTINUE TO SEEK AND DOCUMENT INFORMATION ABOUT THE LEVEL OF KNOWLEDGE OF THE SEASONAL FARM WORKERS AND THEIR FAMILIES ABOUT LOCAL COMMUNITY HEALTH RESOURCES AND THE GENERALLY RECOMMENDED HEALTH PRACTICES, USING SUCH METHODS AS COMMUNITY SURVEYS, CONFERENCES WITH INDIVIDUALS, FAMILIES, GROUPS, ETC.
 1. The home visits the aides make (alone or with other staff) to families in their communities continue to be the most important means used to carry out this objective. Discussions with these families often elicit information about the family's knowledge of and attitude towards health services and practices. This information is helpful in planning programs or offering services at a level which will be understood and acceptable. For example, in talking about family planning with families, the aides have identified some of the barriers and misunderstandings the people have regarding the concept of family planning and the methods used. These have included such things as strong religious feelings, the idea that the IUD's cause cancer, lack of understanding of the reproductive process, etc. This information has been helpful to the public health nurses and other staff in planning for effective educational approaches to the people. For instance, when the public health nurses discuss family planning with mothers, they include a simple discussion of the reproductive process as well as the methods used. Another example is the fact that 37% of the 452 families contacted through the "health hostess" visits had not received services from a health department before. The aides were able to explain the services and referred many of these families to the health department or other resources for necessary treatment or care.
- d. TO CONTINUE TO PLAN AND CARRY OUT, WITH OTHER HEALTH DEPARTMENT STAFF, EDUCATIONAL PROGRAMS WITH SEASONAL FARM WORKERS AND THEIR FAMILIES, FOCUSED ON SUCH AREAS AS NUTRITION (USE OF SURPLUS COMMODITIES AND OTHER LOW COST FOOD ITEMS), SANITATION (FLY AND INSECT CONTROL, GARBAGE AND REFUSE DISPOSAL, GENERAL HOME AND KITCHEN SANITATION, ACCIDENT PREVENTION, ETC.), MATERNAL AND CHILD HEALTH (NEED FOR ADEQUATE IMMUNIZATIONS, CHC'S, CARE OF DIAPERS AND BABY BOTTLES, ETC.), AND PERSONAL HYGIENE.

During this reporting period, planned educational programs have continued to be carried out by health department staff with farm workers and their families. The following are examples of the types of programs conducted.

1. Nutrition

- a. Demonstrations of the preparation and use of surplus commodities and other low-cost foods were continued in the demonstration cabins located at the public labor camps in Wasco and Shafter, and at the medical care clinic in Sunset Camp.

In addition, the aides also conducted demonstrations in the communities for interested groups. These were held in schools, in the homes of interested people, as well as in the homes of the aides. Follow-up visits by the aides and nurses to the homes of many of those attending these demonstrations have continued to indicate that many mothers better understand the nutritional value of these foods and are using them more effectively.

- b. A weight reduction program has continued in the Hilltop area as a result of a request received by the aide from a group of women in the community. Plans are presently under way to conduct similar programs in other areas of the county. These programs are planned and conducted by the public health nurses and the aides in the area.

2. Sanitation, Personal Hygiene, Accident Prevention

- a. During this reporting period programs on general sanitation, communicable diseases, personal hygiene, rabies control, and accident prevention were presented at the camps in Wasco, Shafter and Sunset. Programs were also held for community groups in various areas of the county including Hilltop, Bakersfield, Lamont, Arvin and Buttonwillow. The audiences varied from approximately 10 to over 200. The programs featured health films in both Spanish and English, with the public health nurses, sanitarians, physicians and health educators available for discussion following the film showings. The aides assisted by finding out from the people what areas of health they wished to have covered, by informing the people when the program would be held, and by interpreting during the program. In most cases there was good participation by the audience during the discussion periods. In many instances the people followed through by putting into practice some of the recommendations presented. For example, better storage of food was often noted in the cabins, better fly control measures used, garbage and waste disposed of more properly, better housekeeping, etc.

3. Maternal and Child Health

- a. Programs regarding immunizations and the importance of the child health conferences were presented at the camps and in the communities. Demonstrations by the public health nurses on bathing the baby, care of the diapers, washing the baby bottle and preparing formula were given at the Child Health Conferences in several areas. The aides again assisted in these programs by helping to find out areas of interest on the part of the people, by helping to make arrangements for the programs and by interpreting for the staff and the participants.
- b. The public health nurses and the aides have continued to meet with groups of interested farm worker wives to explain the family planning program and the services offered. In most instances, the programs have been held in the homes of the aides.

4. Chronic Diseases

- a. Programs on heart disease, cancer, diabetes, etc., have been conducted by staff for farm workers and their families during this reporting period. Whenever possible, films in Spanish were obtained for use with Mexican groups. In a number of instances, these programs resulted in the participants becoming aware of a problem and seeking medical care. For example, as a result of programs on breast self-examination and uterine cancer in the Lamont and Hilltop areas, several of the women visited their doctors for examination and PAP smear tests.

5. Other

- a. In addition to the planned educational activities described above, the aides continue to carry out educational activities with individuals, families, and small groups in their areas. For example, in the labor camps, the aides talk to mothers at the centrally located laundry and bathing facilities about proper care and washing of the diapers, the proper use of toilet and shower facilities, washing hands after changing the baby or going to the toilet, before handling or preparing food, etc. The aides are continually emphasizing accident prevention, fly and insect control, good housekeeping, etc., as part of their ongoing educational efforts in their areas.
- e. TO CONTINUE TO DISCUSS HEALTH PROBLEMS OF SEASONAL FARM WORKERS AND THEIR FAMILIES WITH LOCAL COMMUNITY GROUPS AND INDIVIDUALS IN ORDER TO HELP STIMULATE COMMUNITY AWARENESS OF THESE PROBLEMS AND TO STIMULATE COMMUNITY SUPPORT AND INVOLVEMENT IN ACTION TAKEN TO OVERCOME THESE PROBLEMS; TO CONTINUE EFFORTS TO PROMOTE THE ESTABLISHMENT OF ADEQUATE CHILD CARE CENTERS IN THE COUNTY; TO CONTINUE TO SUPPORT ADULT EDUCATION PROGRAMS AND OTHER COMMUNITY PROGRAMS AFFECTING THE HEALTH AND WELFARE OF SEASONAL FARM WORKERS AND THEIR FAMILIES.
1. In attempting to keep the public informed about our program and to secure the support and cooperation of the people in the communities, the aides and the project director have met with many groups and organizations including voluntary agencies, church groups, service clubs, Lamont Health Council, and many other individuals and groups throughout the county.
 2. The staff of the project have continued to support other community programs affecting the health and welfare of seasonal farm workers and their families.
 - a. The aides have continued to support English classes for Spanish-speaking farm workers in those areas where such programs exist.
 - b. The aides in the Shafter, Wasco, Arvin and other areas, as well as other public health staff, have continued to participate in the Operation Headstart and other pre-school programs held in the labor camps and in the schools. The aides assisted by interpreting the program to the parents and encouraging them to allow their children to attend.

- c. The project director and the aides in the Lamont area assisted in orientation of a medical and a nursing student assigned to Kern County for three months training. This was part of a state-wide program sponsored by USC Medical School for the training of medical, nursing and other health professions. These two students were supervised by a local physician and worked primarily in the Sunset Camp.
- d. The project director continues to serve in an advisory capacity to anti-poverty programs being carried out in the county. In the communities of Wasco, Lamont and Arvin, the aides are members of the local community action planning committees and actively participate in planning programs for their local areas. One of the aides from Shafter serves as a member of the Kern County CAP, Inc., the countywide committee responsible for overall planning and coordination of anti-poverty programs in all areas of the county.
- e. Day care centers have continued to function in South Bakersfield and serve the children of migrant and seasonal farm workers residing in the area. These centers are sponsored by the local Target Anti-Poverty Program (TAP). Plans are still underway to establish a day care program in Lamont. Consideration was given by a private church group in Wasco to establish a day care center to serve children from the Wasco Labor Camp. The aides served in an advisory capacity to this group. However, certain problems relating to facilities, location, staffing, etc., arose and this program failed to materialize. Several other communities have indicated interest in day care programs and hopefully progress will be made during this year toward the establishment of additional day care centers in Kern County.

2. Other Health Department Services and Programs Related To Goals and Objectives

Kern County has long known the health problems of the seasonal farm workers and their families. Ever since the early 1930's, this county has been host to large numbers of seasonal farm workers, and its personnel have seen and dealt with the problems of these people first hand. Over the years many services have been developed and have been made available to this group. Today our health department offers all of the basic public health services including sanitation, laboratory, communicable disease control, maternal and child health, vital statistics and health education.

It must be emphasized that a basic principle underlying the development of our seasonal farm workers health project is the fact that this project is not considered a separate program or entity in the health department, but is integrated as part of the total public health program carried out with farm workers in the county, directed to the achievement of the goals and objectives stated in this report.

In addition to the services and activities already discussed, the following health department programs and services are summarized since they relate directly to the health status of farm workers and their families.

a. Family Health Service Clinics

Child Health Conferences are held throughout the county at all of our local health centers. In the agricultural areas of the county, the majority of patients attending these CHC's are farm worker families. In addition to patients receiving CHC services at the centers, other patients are also able to receive immunizations at that time. Immunization clinic service is also provided once a week at the main health department office in Bakersfield. A significant proportion of the aides' time is spent in activities directly related to the child health conference.

Family Planning Clinics are conducted in Bakersfield, Lamont and Wasco, and a large proportion of the patients attending these clinics are seasonal and migrant farm workers. The aides' role in this program has been discussed.

Other special clinics offered by the Health Department through our Crippled Children Services and MCH Division include the cerebral palsy clinic, the plastic surgery clinic, the cardiac clinic, and the child development clinic. The aides participate in these services by referring families with problems to the nurses, by interpreting at these special clinics on request and by assisting the nurses with follow-up when necessary.

b. Public Health Nursing Services

Our department offers a generalized public health nursing program which includes many services for farm workers, resident or non-resident. Since migrant and seasonal farm worker families make up a large part of our rural population, services to these families has been an important aspect of the nursing program over the years and will continue to be so in the future. During this reporting period, two half-time and one four-fifths time Public Health Nursing positions were financed by project funds. However, at least 75% of our total nursing staff provide considerable services to the migrant and seasonal farm workers in Kern County. As was mentioned earlier in this report, the public health nurse whose district included the Sunset Camp, was assigned to work with the medical care clinic and was responsible for supervising all public health activities, as well as counselling patients, supervising the community health aides, carrying out follow-up with patients and their families, etc. Although not paid by project funds, she spent a total of 321 hours in activities directly related to the clinic during the period from February - August, 1967.

Services provided by the public health nurses to farm workers in our county are the same as those provided to all people in the county and include maternal and child health services (antepartum, postpartum, infant, pre-school, and school health), handicapped children, mentally retarded, adult health, mental health, chronic diseases and communicable diseases, including TB and VD, and Family Planning. Home health service (nursing, physical therapy and home health aides) is also provided to patients when specifically ordered by the physician.

The public health nurses give family counseling regarding health problems, engage in casefinding and follow-up, provide school nursing, participate in child health conferences, immunization clinics, and special clinics such as the cerebral palsy clinic, the child development clinic, the plastic clinic, the cardiac clinic, and the family planning clinics. They work with community groups regarding health problems and programs. They also give referrals for medical care, etc.

An analysis of the public health nurses' daily report forms for this reporting period shows that a total of 17,886 visits were made by the nurses to members of farm worker families. (See Attachment No. 3). Approximately half of these visits (8,655) were for health promotion, primarily for infants, pre-schoolers and school age children. Over 2,000 visits were made in relation to Crippled Children Services. Other health problems receiving relatively large numbers of visits included TB, antepartum and postpartum care, family planning and general morbidity.

The public health nursing division has been deeply involved in the project from the beginning and in the development of the community health education aides as a part of the total public health team. In those areas where aides now work, the public health nurses and the aides work very closely together in order to provide the most effective public health service to the farm labor community.

The public health nursing division has assigned a supervisory level person to work intensively with the project director in planning for training and for local program development. Also, joint visits are made by nursing supervisors and the project director to the health centers in order to participate with local staff in program planning and to continue to develop guidelines regarding the role and function of the aides in relation to the public health nurses. It is felt that these visits have continued to result in better understanding and cooperation on the part of all concerned.

c. Environmental Health

A generalized sanitation program is carried out in Kern County by our department through the Division of Environmental Health, including food handling, housing, sewage disposal, water supplies, refuse disposal, vector control, and communicable diseases. The sanitation services provided by our department are available to all people in the county, including migrant and seasonal farm workers.

Sewage disposal, water supply, and garbage and refuse disposal are the major sanitation services provided in farm labor camps by our sanitarians. The sanitarians work with the camp owners and management in matters relating to camp maintenance, operation and equipment. The sanitarians also work with the farm laborers residing in the camps in educational programs designed to help the people better understand basic sanitation practices which will help protect their own health and well-being.

A complete survey of all farm labor camps was carried out by this division in 1965. At that time there were 203 labor camps in the county. (See 1965 Progress Report, pp. K21, K57-K58).

Not all of the seasonal farm workers in Kern County live in camps. Many of those who migrate into the county rent housing in the urban and rural communities-usually in the fringe areas of the community. Often such housing is located in blighted or slum areas. Many farm workers who live and work full-time or seasonally in farm work in our county, or who live in the county but migrate out of the county temporarily, will own their own homes. While many such homes meet the standards of good housing, others do not.

As part of the sanitation program carried out by our sanitation division, such dwellings are checked for compliance with the State Housing Act and local ordinances in regard to proper sanitation facilities, lighting, ventilation, venting of gas appliances, and the general sanitation condition as it relates to the health aspects of use, maintenance, and occupation. When violations are discovered, the sanitarian works with the owner and/or the occupant in order to correct the condition.

In several communities, including Delano and Wasco, intensive programs have been carried out to improve farm labor housing. These were areas containing many sub-standard housing units and many such houses were rented to farm workers. Working closely with property owners, the sanitarians have achieved a great deal of success by eliminating many of the sub-standard units. While no farm families were evicted, as soon as the houses became vacant they were condemned. Other dilapidated units were renovated and brought up to standard.

During this reporting period, the Kern County Housing Authority received a combination government grant and loan to build 100 new three bedroom units in each, the Shafter Labor Camp and the Sunset Labor Camp, to replace some of the existing one-room cabins. Plans for carrying out this program are still under consideration.

In the Wasco Labor Camp, low income housing demonstration units are being constructed. This is a cooperative venture between the City of Wasco Housing Authority and the State of California Housing and Community Development Agency. Plans call for 26 to 30 units, each containing 2, 3 or 4 bedrooms. Different types of construction materials will be used for each structure. These will be evaluated at the end of a prescribed period of occupancy to determine which has proven to be the most durable and effective type construction. During this reporting period nine units have been completed and are presently occupied.

The sanitarians have continued to implement and promote the development of basic sanitation facilities in field locations, including safe and sanitary methods of handling and dispensing drinking water and the provision of proper toilet facilities.

The Division of Environmental Health, as in the case of the Public Health Nursing Division, has been involved in the project from its beginning. The aides and the sanitarians have worked well together in matters relating to environmental sanitation in the camps, in the community and in the fields. The aides refer problems to the sanitarians, interpret when requested, assist in follow-up activities when necessary, and participate in education programs carried out by the sanitarians in the camps and in the communities.

A supervising sanitarian has also been assigned to work closely with the project director in planning for training of the aides and for planning and coordinating sanitation activities at the local level. During this reporting period, one full-time sanitation position has been financed by project funds, although as in the case of the public health nursing program, services to migrant and seasonal farm workers and their families has been an important aspect of the sanitation program over the years and will continue to be so in the future. A summary of the data collected regarding sanitation services provided by the three sanitarians who serve the main rural agricultural areas of the county is attached. (Attachment No. 4). This summary covers the period from July 1 - December 31, 1966. These areas include the Delano-McFarland area, the Wasco-Shafter area and the Arvin-Lamont area. It is estimated that 60 - 70% of these services relate directly or indirectly to farm workers and their families.

3. Changes in the Community Health Education Aides

In addition to evaluating the project in terms of the stated objectives, another important aspect to be considered is the changes that have occurred in the aides themselves - their own health knowledge, their own health practices, and their effectiveness in carrying out their responsibilities as members of the health team.

Evaluation sessions held during training again proved helpful in that they provided an opportunity for the aides to seek further clarification and information regarding the subjects covered in training, and in helping to make the training a worthwhile and valuable experience for both the aides and the staff. The more experienced aides made a real contribution during these sessions.

We have continued to note that as the aides gain experience in working with the staff and the people in their communities, their effectiveness in carrying out their responsibilities increases remarkably. For example, a review and analysis of the "health hostess" forms for this reporting period indicates the quality of referrals continued to improve due to the fact that the aides have developed an increased awareness of health problems and a better understanding of the kinds of problems which should be referred.

Involvement in the Medical Care Clinic at the Sunset Camp this summer was a new experience for the aides. As a result they learned a great deal about the doctor-patient relationship, the diagnosis and treatment of disease, and the relationship between medical care and preventive health services. This increased understanding will be very helpful to the aides when they are discussing health problems and preventive measures with the people.

The aides have continued to relate well with other agencies and groups in their communities such as school personnel, welfare department representatives, private physicians and dentists, service clubs and organizations, ministers, farmers, etc. This results in mutual support and cooperation in programs and activities carried out with farm workers in the communities, and in more efficient referral of problems to the proper agency or group.

Studies are presently being planned and carried out relating to the role and function of aides in migrant health programs, the identification of specific qualities and traits that seem important in the successful performance as an aide, and more specific documentation of information about the relationship between aides and professional staff.

The project director plans to continue an analysis of tape-recorded interviews describing case studies illustrating how aides and staff worked together to solve health problems of farm workers. He is also collecting information from the aides on what they consider to be the important characteristics a person should have as an aide, their opinions about their role and function, and how they feel about their work as an aide.

4. Overall Purpose and Goals

There is no doubt that during the period this project has been in effect, the services of the health department have been extended more effectively to the migrant and seasonal farm workers and their families. This project has also demonstrated that the community health education aides have played a key role in this. Because of their own cultural backgrounds and their familiarity and concern with their own people and their problems, the aides have helped us overcome many of the socio-cultural barriers which in the past prevented or hindered effective communications and relationships between the professional staff and the farm worker group.

This project has also demonstrated that a close and effective relationship between competent non-professional workers and professional personnel can develop. The key to such a relationship lies in a full understanding by each of the other's role and responsibility. Mutual respect, regard and trust in each other's ability is essential and this is the type of relationship that has developed in our department. The strongest support for the aides comes from our nurses and sanitarians - those who work most closely with them.

The aides have been effective in helping farm workers to become more aware of local health services and how to best use them. They have also been quick to point out to staff the barriers which exist that block or reduce the effective use of existing services by farm workers. On the other hand, the aides have been able to help the people better understand some of the problems and limitations faced by the health department and other agencies in carrying out programs.

The education activities directed toward raising the level of knowledge of farm workers about the generally recommended health practices in sanitation, nutrition, child care, personal hygiene, etc., have continued throughout the project. (It is interesting to note that in many areas the aides have stimulated the increased participation of other staff in community educational activities. In several instances, the public health nurses have become quite involved, along with the aides, in presenting programs on a variety of health topics to small groups in the area.)

These efforts have paid off, not only in observable improvements in some of the camps and communities, but in the general interest and attitudes of the people concerning these health areas. It is also gratifying to see the farm workers themselves continuing to assume more responsibility for defining their own problems and participating in activities directed toward solving the problems.

As new programs develop in the county as a result of federal, state, and local legislation, the staff of the health department and the aides will become more involved in a greater number of activities, many of which may relate directly to medical care, including maternity, pediatric, and adult medical services. This has been illustrated this year with the establishment of the Sunset Camp Medical Care Clinic and the aides participation in this new program.

Two half-time aide positions have been filled using funds from our TB Project grant. These aides were recruited and trained along with other new aides employed with migrant health program funds. These two aides have been assigned to the Bakersfield and Lamont areas and receive supervision from the project director.

Finally, this project still continues to serve as a model for other areas within the state and nationally for the development of similar type programs using community health education aides in migrant health and other programs. We have continued to receive many inquiries by mail as well as personal visits by interested people requesting information about our program.

E. UN-MET NEEDS AND PROBLEMS

1. Eligibility for Services

Eligibility for medical services continued to be a problem since many farm workers in the county are migrants and do not meet the residency requirements for service at the county hospital. Medical care services such as prenatal care, treatment of chronic diseases, and other non-emergency care are not available to many farm workers in this county, except through private sources. The medical care clinic in Sunset Camp was a major step forward in solving the medical problems of the migrant farm workers in one area of our county. Hopefully, such services will become available in other areas of the county in the future.

Other programs planned or under consideration which will have an impact on this need include continuation of the pre-school vision screening program in all areas of the county, intensification of the tuberculosis screening survey in the rural areas and extension of family planning services.

2. Transportation

Although we are continuing to attempt to provide more and more public health services at the local level, many health services are still not decentralized. Transportation from rural areas into Bakersfield continued to be very difficult for many farm workers and undoubtedly prevents many from securing adequate health care. This problem

exists at the local level, too, since the distance from some of the camps and other residences of farm workers to the local health center is such that it prevents the fullest use of local services. Public transportation is non-existent in most of our rural areas, and if families have no transportation of their own, they must rely on friends and neighbors. This is inconvenient and can result in considerable expense for these families.

3. Inadequate Data

During this reporting period we continued our efforts in collecting data regarding the farm worker population in Kern County. However, we still need to know more about their health problems, their health knowledge, attitudes and beliefs, their mobility patterns, where they stay in our county, etc. We also need to more adequately document the use or non-use of existing health services, what the barriers are, and how these barriers might best be overcome. Information of this nature will be helpful in planning and carrying out the most effective public health programs with this group, and in identifying gaps in existing services or areas of need for adjustment in available services. Also, there is a need for more adequate guidelines as to the specific kinds of information needed at all levels-local, state, federal-and the ways in which this information can be documented in order to be most useful.

4. Child Care Centers

Although progress has been made in the establishment of child care centers in the south Bakersfield area, there is a continuing need for such centers in the rural areas of our county so that the children of farm worker families may receive adequate care while the adults are working. Every year children are injured, and even killed, in accidents occurring at home or in the fields while improperly supervised. Adequate child care services would also release many mothers so that they could work and contribute to the family income, as well as helping to reduce the amount of tax funds supporting welfare payments to many mothers who now must remain in the home to care for their children.

5. Educational Materials

The need continues for more and better educational materials and films which can be used effectively with farm workers and their families. There is also a need to share materials that are developed locally.

6. Improved Evaluation Techniques

There is a continuing need in developing more effective ways of evaluating our educational programs and other activities carried out with the seasonal farm workers. Also there is a need to more effectively evaluate the aides' role and function in public health programs.

7. Individual and Community Involvement

There is a continuing need for increased involvement on the part of both the individual and the community in helping to solve the problems of the farm workers. The farm workers, themselves, must be encouraged to assume more and more responsibility for participating in

planning and carrying out activities directed toward solving their own problems. The local community must also assume more responsibility for defining and solving community problems affecting farm workers. Although there has been increased participation by individuals and communities during this past year, we still need to encourage and support this trend.

8. Administrative Problems

Since the inception of this program, we have continued to develop and expand our goals and priorities in order to best meet the needs of our migrant and seasonal farm workers. This expansion and development has not been without its administrative problems. Both the number of aides and the geographic area covered have increased considerably, resulting in greater demands on the project director for time spent in program planning and consultation with health department staff, as well as for time necessary to provide adequate and effective supervision of the aides in the field.

Along with this has been an increasing need to work closely with the medical community, other agencies and groups and individuals in order that the most effective system will develop which will provide the best in preventive and medical care services for our farm workers. For example, the project director continued to spend considerable time this reporting period with representatives of the medical society, the health department and others in developing and refining the proposed plan for medical care clinics in the Sunset Camp and in helping to prepare the aides for their role in the clinic. While not a direct participant in the conduct of the clinic, the project director was responsible for working out the assignment schedules for aides to staff the clinic, for inservice training of the aides related to their function at the clinic, and for assisting in planning for the educational programs held in conjunction with the clinics.

Increasing emphasis on the need to document more specifically our migrant population - its characteristics, its problems, and its needs - is certainly recognized, as is the need for research into the area of the "indigenous non-professional" worker (aide) as a member of the health team. Both of these important areas do demand considerable time and effort on the part of the project director.

The preparation of the annual progress report and its revision is another time consuming process. Again, no attempt has been made to keep a record of the number of hours put into these reports, but the amount of time is tremendous and, in effect, ties up the project director for approximately one month out of the year. Another problem that arose this year was that the due date for the reports was early September. This meant that the preparation had to begin in late July or early August. This, of course, was during the height of our migrant season and at a time when priority should be given to field work.

F. FUTURE PLANS

The health program objectives as stated will continue to guide the development of this project. However, as new needs arise or as changes in program emphasis occur, these objectives will be modified or changed as

necessary in order to continue to carry out effective public health programs with the farm workers in our county.

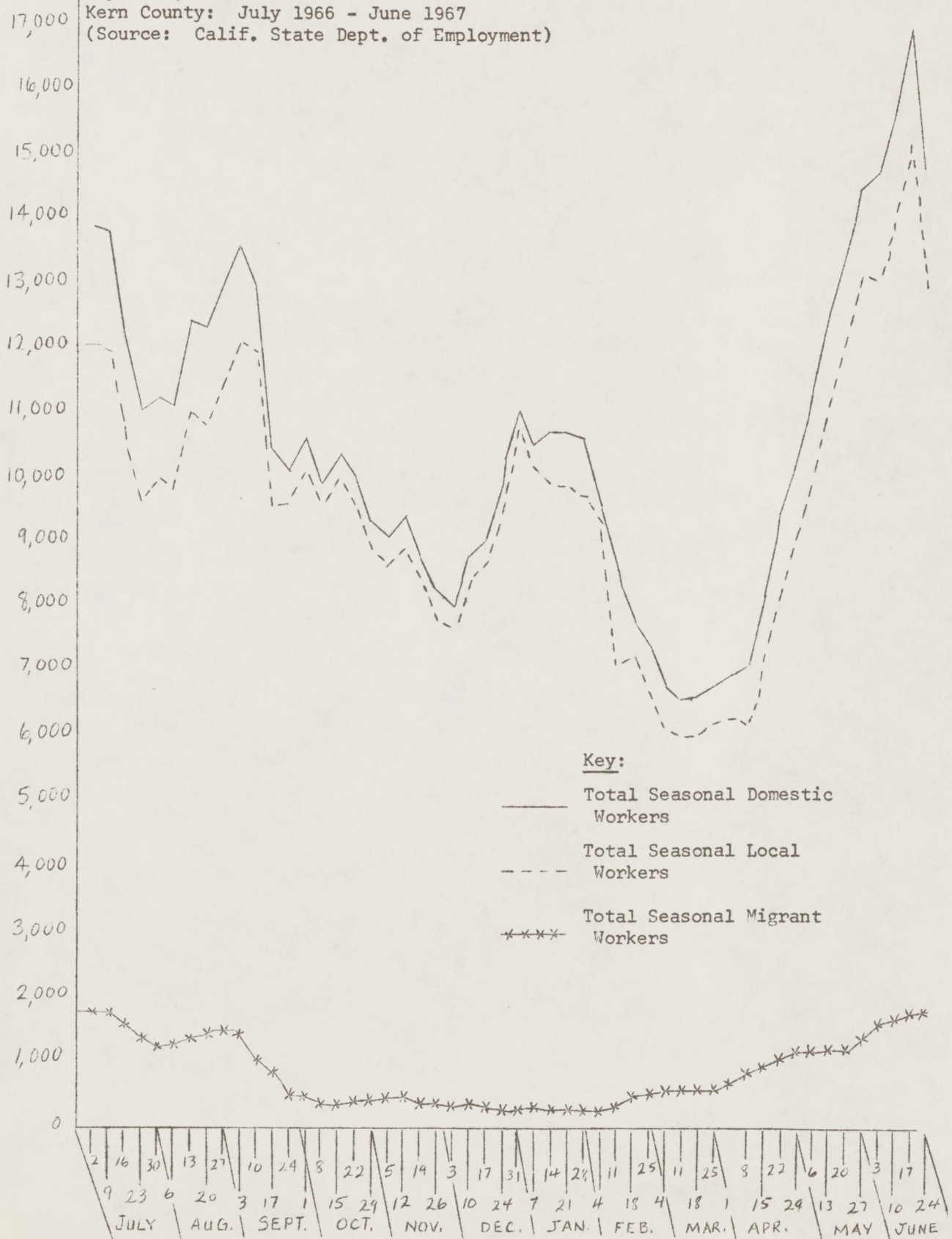
1. To continue to assist in providing medical care to migrant farm workers and their families at the medical care clinic in the Sunset Farm Labor Camp during the summer season, 1968, by providing public health nursing service and the services of community health aides.
2. To continue to explore the health needs, including medical care, of the migrant and seasonal farm workers in Kern County, and to plan for ways to meet these needs.
3. To continue to integrate efforts by project staff with those of other health department staff in the areas of maternal and child health, family planning, immunization, environmental sanitation, housing, accident prevention, nutrition, and other programs and services currently provided or developed in the future, for farm workers and their families.
4. To continue the development and expansion of educational programs and services to the agricultural areas, including:
 - a. "Health Hostess" visits to newly arriving farm families in order to inform these families of the health resources and services available locally, to learn about health problems and needs that these families may have, and to refer such problems to the public health nurse and other health department staff for follow-up;
 - b. basic fact-finding surveys with farm worker groups in their communities in order to learn more about the health knowledge, attitudes and beliefs held by the farm workers, to learn the reasons stated by this group for using or not using medical care and other health services, and to identify barriers that block or limit the effective use of health services;
 - c. the community health education aides will continue to assist the local public health staff in making home visits, in providing follow-up contacts with families when requested, in interpreting at child health conferences, clinics, preschool vision testing programs, and at other times when requested.
 - d. planning and carrying out community health education programs with farm workers in the communities, focusing on such health subject areas as nutrition, general home sanitation, personal hygiene, child health, and other areas of interest and concern to farm workers and their families;
 - e. continuing efforts by project staff for the establishment of adequate child care centers in the county for children of farm workers;
 - f. continuing support and coordination of project activities with other programs affecting the health of farm workers and their families, that develop in the county as a result of other federal, state or local legislation.
5. To continue to recruit and train additional community health education

aides as necessary.

6. To increase efforts in developing more effective ways of evaluating the training of aides, their role and function as a member of the health team, and the effectiveness of the educational programs carried out with farm workers and their families.
7. To continue to encourage the involvement and participation of farm workers themselves in matters relating to their own health and welfare.

Seasonal Domestic Farm Workers Employment
 (By week, to the nearest hundred)
 Kern County: July 1966 - June 1967
 (Source: Calif. State Dept. of Employment)

Attachment No. 1



SUMMARY
HEALTH HOSTESS VISITS *
July, 1966 - June, 1967

I.	<u>Total No. Families</u>	=	452
II.	<u>Total No. People</u>	=	2,526
	Total No. Adults	=	927
	Total No. Children	=	1,599
	(No. of Preschool = 509)		
III.	<u>Average Family Size</u>	=	5.6
IV.	<u>Percent of Children that are Preschool</u>	=	32%
V.	<u>Where Families Come From</u>	<u>Number</u>	
	Texas	195	
	California	102	
	(Kern Co. = 48)		
	(Other = 54)		
	Mexico	85	
	?	16	
	Arizona	14	
	Oklahoma	9	
	Arkansas	8	
	Oregon	4	
	Illinois	3	
	Alaska	2	
	Georgia	2	
	Puerto Rico	2	
	Colorado	1	
	Idaho	1	
	Kansas	1	
	Louisiana	1	
	Missouri	1	
	New Mexico	1	
	New York	1	
	Pennsylvania	1	
	Philippine Islands	1	
	Washington	1	
VI.	<u>Speak English?</u>		
	Yes	=	245 (54%)
	No	=	201 (45%)
	?	=	6 (1%)
VII.	<u>Received Services Before?</u>		
	Yes	=	272 (60%)
	No	=	168 (37%)
	?	=	12 (3%)

Where?

California	139
(Kern Co. = 92	
(Other = 47	
Texas	63
Mexico	25
?	19
Arizona	5
Illinois	4
Arkansas	2
New Mexico	2
Puerto Rico	2
Colorado	1
Georgia	1
Kansas	1
Louisiana	1
Mississippi	1
Missouri	1
Oklahoma	1
Oregon	1
Pennsylvania	1
Tennessee	1
Washington	1

VIII. Were Families Told How to Get Services When They Moved Here?

Yes	=	80	(18%)
No	=	191	(42%)
?	=	181	(40%)

IX. Occupation of Household Head

Farm Labor	361
?	11
Laborer	9
Unemployed	7
Housewife	6
Truck Driver	5
Welfare	4
Disabled	4
Cook	3
Mechanic	3
Construction	3
Service Station Attendant	2
Ranchers	2
Railroad	2
Junkyard-Scrap Metal	2
XL Mineral	2
Retired	1
Concrete Co.	1
Policeman	1
County Work	1
Truck Dispatcher	1
Store Clerk	1

Miner	1
Auto Parts Clerk	1
Cotton Gin	1
Janitor	1
Kitchen Helper	1
Electronics Technician	1
Student	1
Industrial Relations	1
Factory	1
Self-Employed	1
Heavy Equipment Operator	1
Upholstery Apprentice	1
Social Security	1
Night Club	1
Pumping Co.	1
Crew Pusher	1
Technician	1
IBM Programmer	1
Manager, Boron Community Service District	1
Pacific Telephone	1

X. Total Number Families Referred to PHN = 355

(78.5% of Total Families Visited)

Reasons for Referral

CHC or Immunization	282
General Medical Problem	48
AP	38
Family Planning	32
Eye Problem	14
TB	11
Ear Problem	11
Pre-school Physical	6
CCS	5
Chronic Disease/condition	5
Orthopedic Problem	4
Mental Retardation	2
Obesity	1
Injury	1

XI. Disposition of Referrals

Attended CHC/Immun. Clinic	121
PHN Follow-up	95
Unknown	77
Medical Care Follow-up	49
Did not attend CHC/Immun. Clinic	34
Moved before follow-up	20
Appt./Attended F.P. Clinic	17
Referred to Aide for follow-up	8
Referred to CCS	5
F.P. Follow-up by PHN	5
TB Follow-up	5
Referred to other HD Clinic	4
Already known to H.D.	4
Referred to School Nurse	3
Patient refused service	2
Referred to other agency	2
Referred to other HD	1
Not able to contact	1

PART III NURSING INFORMATION

1. Staff: Number of man-years* reported by type of nurse on project.

	U.S P.H.S. Funded	Locally Funded Positions
a. Director of Nurses		1
b. Staff Supv. Public Health Nurse		8 **
c. Public Health Nurse(s)	1.71 Man-years 3 part-time positions	34 full time 9 part time **
d. Registered Nurse		6 full time ** 4 part time **
e. Licensed Vocational Nurse		0
f. Nurse's Aide (Home Health Aides)		9 **
g. Volunteer		0

*One man-year is equal to 52, 40-hour weeks including normal vacation and sick leave.
 **--of these, 2 Supv., 6 PHNs, 4 RNs & 9 Home Health Aides - positions funded by other special projects.

2. Caseload in project area nursing district(s) reported by local and migrant seasonal agricultural worker, if available.

Project Area Nursing District(s)	Total Caseload	Seasonal Ag. Workers		Not Seasonal Ag. Workers
		Migrant	Local	
Total for Project	359	Information not available but most of		
McDanel (So. Bakersfield Area)	118	the caseload in these areas is devoted		
Scribner " " "	141	to families of seasonal agricultural		
Smith (Wasco)	100	workers.		

3. Number of Visits Reported by Services, including both Field and Clinic Visits, for calendar year 1966.*

Service	Number of Visits
Total	17,886 **
Venereal Disease	79
Tuberculosis	2,424
Other C.D.	435
Antepartum, Postpartum & Family Planning	2,042
Health Promotion	8,655
Crippled Children's Service	2,071
Chronic Conditions	519
Other Morbidity	1,307
Mental Retardation & Mental Illness	354

4. Nursing referrals to other sources of care. Information not available.

Nursing Referrals	Number of Referrals Made	Number of Referrals Completed
Total		
Within the Local Area	Information not available.	
Outside the Local Area but Within the State		
Outside the State		

5. Distribution of staff time reported by type of work devoted to agricultural workers' health.

a. Number of man-years spent in service to "caseload" patients.

b. Number of man-years spent in clinic work.

c. Number of man-years spent in supervising work of other personnel working with seasonal agricultural workers.

d. Other

Time study not done during fiscal year 1966-67.

6. Project area (map).

#3 *

- * - Field visits only-does not include clinic visits or "not home" visits
- ** - Number of Visits-These visits are made by the entire nursing staff and represent the visits made to a member of a family where one (or both) parent(s) does or has done farm, cannery or packing shed work in the last two years.

This total represents about 50% of all of the visits made by the entire staff.